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## PRACTICAL SUGGESTIONS FROM MT. SINAI HOSPITAL, NEW YORK

By MARY E. THORNTON, R.N.

DR. HOWARD LILIENTHAL, surgeon at the Mt. Sinai Hospital, gave a clinic on the morning of October 22 for the delegates to the New York State Nurses' Convention. Those who were able to be present during the operations and to hear Dr. Lilienthal's talk upon surgical technic as followed at the Mt. Sinai Hospital were to be congratulated. After the clinic the visitors were escorted about the hospital, and interesting indeed is a visit to this admirably administered institution.

Into the reception ward comes the patient, having been notified by card the day before that a bed is to be in readiness. Upon arrival each patient is given full bath, unless the temperature is 100° F., then a sponge bath is given, and is placed in male, female, or children's detention ward; in the children's ward patients are kept twenty-four hours before being sent up to the wards proper, but in the case of adults the detention is for about five or six hours. There is an isolation ward on this same floor should occasion arise for its use.

While in the reception ward the patient's temperature is taken, physical examination made, history taken, diagnosis made, and diet prescribed. When the patient is taken up stairs, his chart having with it the card of admittance, a card giving the name of the ward to which he is to be taken, a sheet with the findings of the physical examination, one with the diagnosis, the order for medication and diet and stating such treatment as may have been given in the reception ward, are sent with him. An entry is made in the reception ward of his admittance and the ward to which he is sent.

His clothing is placed in a clean sheet, a list of the articles entered in a book, giving the condition of each article: good, medium, soiled, torn; date of admission, ward to which patient is sent, number of his bed and his name, signed and dated by the nurse in the reception ward; this list is arranged with a duplicate stub which remains in the book. The original is placed on the patient's clothes which are then put in a locker. Each locker has the name of ward and number of the bed. Hats are always encased in paper bags. The clothes are baked in the morning, and twice every month the room in which the clothes lockers are is fumigated.

In the morning when the beds are being changed a circular wooden frame on castors, having suspended in it a heavy cotton bag held open by means of large eyelets which slip over wooden pegs on top of frame, is rolled into the ward, soiled articles are put in it as removed and when the work is finished the frame is wheeled out to the chute, the bag lifted out, tied at the mouth, and dropped down.

Before beginning the typhoid's bath, a clean sheet is spread on the floor under the bed, all soiled clothing and bed linen placed on this sheet, and when the bath is finished it is gathered up, put in a rubber bag, and taken down to the tank where the sheet and its contents are boiled for one hour.

Each typhoid patient has his own thermometer and rectal tube; the thermometer is kept in a tube filled with solution, suspended from head of bed. Screens used solely for typhoid beds are marked with a red ticket pinned on one corner. Patients' hands are scrubbed with bichloride daily, usually after a bedpan has been given. The nurse is instructed when bathing typhoid patients to guard against putting pins, pencils, etc., in her mouth, and is not permitted to touch her hair, when once she has started in on a bath, until it is finished. The bed-bath is given on a mackintosh covered with a sheet. In making the bed, blankets having a distinctive stripe are used and over the blanket a clean sheet instead of a counterpane is spread; all dusting of the typhoid ward is done with  $2\frac{1}{2}$  per cent. carbolic.

Separate bathrooms are conveniently placed and there are kept bedpans, urinals, funnel, pitcher, and basin, and other utensils used about the patient. In the case of a suspect, the dishes are kept separate, the bedpan and rectal tube as well. Clothing removed during the day is put in a can standing in the bathroom.

In the ward kitchen dishes of a distinct pattern are devoted to use of typhoids as well as silver of a different design. No carbolic is used; the waste pipe receiving the water in which dishes have been washed is flushed with soda solution. A dish pan full of water is kept standing, and if a nurse has not time to wash dishes when the patient is finished, they are placed in this pan.

Adjoining the wards in this hospital are hot-air closets of about three shelves containing blankets, bottle of saline, stupes and wringer, and a bag for infusion. On each floor a table is arranged having on one shelf the subcutaneous outfit,—a sterile towel, sterile square of dressing gauze, two subcutaneous needles with wires and glass connecting points, carrier with tubing, artery clamp, glass syringe, saline in flask. On another shelf is the intravenous set—three sterile towels,

sterile square dressing gauze, four small sponges, tubing with carrier, glass syringe, cannula with wire and glass connecting points, straight scissors, curved scissors, scalpel covered, mouse-tooth forceps, two artery forceps, anatomical forceps. On the two remaining shelves are placed green soap, ether, bichloride, ligatures and bandages, safety pins, sterile thermometer, basin with three glasses and three sponges for scrubbing up, and a rubber sheet. The whole is resterilized once a week, if not used, and is kept covered with a sheet.

Most interesting are the numerous practical devices, many of them designed by the nurses, for furthering the efficient administration of the wards and the comfort of the patients; every nurse will appreciate Miss Fletcher's perineorrhaphy straps and wonder that we have been so long without them: a strip of webbing, about three inches in width and about thirty-six inches in length, at the lower end having loops of the webbing attached to either side of the main strip to serve as anklets, similar loops serving to confine the knees, and the upper end of the strip is pinned to the perineal bandage.

Miss Fletcher has also designed a simple restraining sheet which will relieve a nurse of much of the anxiety associated with the post-operative bed,—a sheet one and one-half yards in length and the width of the bed, with three straps attached at equidistant portions of the two sides. In preparing the bed for the operative case the three straps are tied to the head, foot, and middle of one side of bed, the sheet folded back with the others until after the patient is placed in bed, when it is carried over and tied to the other side of the bed. Its length admits of free movement of hands and feet of patient.

Whoever has had much children's ward service will be interested in Miss Kerrin's "crib roof": a piece of canvas just the size of the crib is fitted with eyelets on all four sides, and, given a child determined to climb out of his crib, this canvas is laced to the top of the crib. There are two apertures which admit of the protrusion of a head but nothing more. For the prematurely-born infant, the crib sides are lined with two thicknesses of flannel, stitched up at intervals to form pockets into which hot-water bags are slipped, thus affording the necessary warmth and at the same time giving air to the weakling, done up in his wadded gauze jacket.

The hot-air apparatus consists of coils of asbestos placed in a rather deep "pie tin" fitted with sheet iron top and pipe covered with asbestos. After saturating and lighting it may be completely closed. It is placed at foot of bed, pipe extending under the usual cradle, a thermometer is hung at head of bed, and by means of the damper in

the pipe, the heat, which may be run to 250 or 300 degrees, is regulated.

The hammock-stretcher used for tubbing typhoids is made of interlaced three-inch webbing straps, three straps making the length and six straps the width, the latter having loops through which the poles are slipped. This stretcher remains in the tub during the plunge.

The side boards for the beds are at once recognized as being a necessary ward equipment, about twelve inches high, six feet six inches in length, with notches cut at either end so they will fit at head and foot and remain stationary. The boards are painted white and are invaluable adjuncts where there is a restless patient, or with a water bed.

Medicine cards are variously tinted, for the t.i.d. red, q.2.h. blue, q.4.h. yellow, etc. Each nurse's hours and responsibilities are definitely arranged, so that it is possible by glancing at the schedule card in the ward to locate any nurse at any time and to ascertain just who has the supply closet, etc., for any given hour.

All supplies and dressings come from the operating room; these are made there by probationers.

Ice is crushed by a machine in the basement and brought to the ward kitchen where it is placed in the refrigerator and taken from there as needed. This saves the time of the nurses, does away with the noise of preparation, which is so disturbing to the patients at night, and if it is not all used as cracked ice is serving the purpose of cooling the ice box.

In carrying hot receptacles to the bedside the wire trays (some of the superfluous quantity in all refrigerators) are used; for example, dish for sterilizing catheter, pus basins, lubricator, etc., may all be placed on this and put on tables which are of marble. Tissue paper is used for the thermometer instead of cotton or gauze.

Large paper bags, with the top slit in four places about four inches in depth and these pieces turned back as a reinforcement of the top, were used as receptacles for soiled linen and soiled dressings. A small paper bag, slit one-third of the way, on one side, these corners turned back and the bag fastened by two bits of adhesive to a washstand, serves as a catchall. A small paper bag is always taken to the bedside of a patient about to have her toilet made, for combings, etc.

It was not the intention to touch upon the operating room but possibly T. M. M. in November JOURNAL may be answered here. Rubber gloves are boiled for a minute, washed with green soap and warm water, dried, powdered, and sterilized for fifteen minutes. The wrists are always turned back for ease in putting on.

Of the basins, trays and other utensils used in operating work, one set is kept, always in readiness, in the instrument boiler. A stone filter which can be boiled is used with perfect results.

The nose and mouth shield for the surgeon's face is made of four folds of gauze, three inches wide. When donned, it is so separated that three folds are over the nose and one over the mouth, fastened, of course, at the back of the head.

The head covering worn by the nurses is very simple and easily arranged: a straight piece of muslin about twenty-seven inches in length and about nine inches on the sides, sloping down to twelve inches in the middle of the back. The straight edge is put on across forehead and pinned at the back, the extra length covering the hair quite to the back of the neck. A new cap just received from "the other side" is not unlike the helmets of the life-saving crews or the head covering of aeroplanists. Made of muslin and covering the head completely, with an aperture in front for the eyes, it is drawn over the head, the necessary width about the neck being confined by two pieces of tape which cross and tie.

Specially interesting is the cystoscopy room with its five or six cystoscopes. The surgeons use the cystoscopes by appointment and one nurse is detailed for the service in this room.

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NEW HOSPITAL FOR MASSACHUSETTS.—The first of Massachusetts' three tuberculosis hospitals, mainly for advanced cases, has been opened at North Reading. This is the first state sanatorium in the United States, and one of the few in the world making extensive provision for the care of advanced cases of consumption. The superintendent is Dr. E. B. Emerson. Two other hospitals of this character are in process of erection at Westfield in the Connecticut Valley and at Lakeville in the southeastern part of the state.

These three hospitals were provided by an act of the legislature of 1907, \$100,000 being voted for each institution. The hospitals are being built and managed by a commission, of which Dr. Arthur T. Cabot is chairman and Dr. John B. Hawes, 2nd, secretary. Each hospital will care for 150 patients. Owing to the fact that the law providing for the hospitals strictly limited the expenditure to \$100,000 for each, including the commission expenses, they stand as models of economical, scientific construction.—*The Survey*.